



# Activity Registration



Guardian Last Name		Guardian First Name	
Address ( ) ( )		City ( )	Zip ( )
Home Phone	Cell Phone	Work Phone	Emergency Phone
Visa MC	Email:		
Cash Check	Check # :	Received by:	

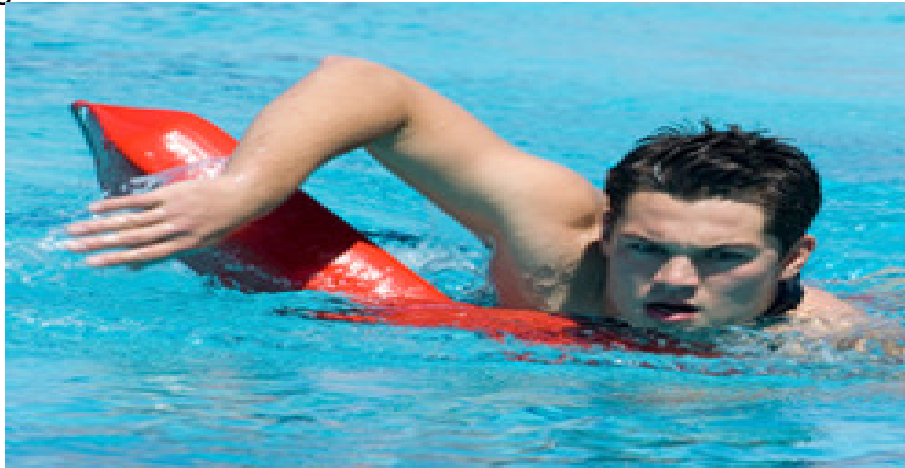
## Participant Information

Participant First Name	Participant Last Name	DOB	Gender	Activity #	FEE
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		
		/ /	M / F		

Participant Release Total Fees: \_\_\_\_\_

I, the below signed as adult (or the parent), do hereby release the City of Delta, its agents or employees, from liability for injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities.

Signature Date



**Join the Next  
Generation  
of Lifesavers**

**Become a  
Red Cross  
Lifeguard**

**Must pass prerequisites and participants must attend all class dates and pass all skills to American Red Cross standard to receive certification.**

Registration deadline May 17, 2016

Lifeguard Training	May 23-May 27	9AM-4PM	110-1C	120.00
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